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Bib Data Sheet

CONFIRMATION NO. 9381

<b>SERIAL NUMBER</b> 09/967,223	<b>FILING DATE</b> 09/28/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1619	<b>ATTORNEY DOCKET NO.</b> JB01337K
<b>APPLICANTS</b> Seoju Lee, Edison, NJ; David C. Wylie, Cranford, NJ; Susan V. Cannon-Carlson, Wayne, NJ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/236,596 09/29/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/06/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 20
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 24265				
<b>TITLE</b> Pegylated interleukin-10				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	